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CONFIRMATION NO. 5654

<b>SERIAL NUMBER</b> 10/680,358	<b>FILING OR 371(c) DATE</b> 10/07/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 4002-3426/PC819.00
<b>APPLICANTS</b> Frank J. Schwab, New York, NY; John L. White, Bartlett, TN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/416,908 10/08/2002 <i>OK new</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none new</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/31/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 48  <b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 52196				
<b>TITLE</b> Insertion device and techniques for orthopaedic implants				
<b>FILING FEE RECEIVED</b> 1576	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	